

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2013

Please print or type your name, mailing
address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY : ZIP : COUNTY :

NAME O Roseann Minnet 96722
2000 S. Ocean Blvd, #11E
NAME O Lauderdale-By-The-Sea FL 33062
Lauderdale-By-The-Sea

You are not an additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

RECEIVED JUN 30 2014

Karin Galt

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☒ DECEMBER 31, 2013 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDSPART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
see attached		

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
see attached			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

see attached

FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

see attached

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

na

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

Roseanne Nix

June 28, 2014

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

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Minnet Roseann

PART A - PRIMARY SOURCES OF INCOME

<u>Name of Source Income</u>	<u>Source's Address</u>	<u>Principal Business Activity</u>
Lightseeker, Inc. President	235 NW 44th St., (Rear) Oakland Park, FL 33309	Wholesale/Retail Sales
KMR Ltd. President	235 NW 44th St. (Rear), Oakland Park, FL 33309	Commercial Rental
EMB 221, LLC- President	221 ne 44th Street, Oakland Park, FL 33309	Commercial Rental

PART B - SECONDARY SOURCES OF INCOME

<u>Name of Business Entity</u>	<u>Name of Major Sources of Business Income</u>	<u>Address of Source</u>	<u>Principal Business Activity</u>
Lightseeker, Inc	LaVallee Construction	835 NW 1 Street, Ft. Laud., FL	Builder
Lightseeker, Inc.	Live Wire Electric	4024 NE 5th Ave, Oakland Pk, FL	Electrical Contractor
Lightseeker, Inc.	W A Bentz	1500 E.LasOlasBvd., Ft. Laud. FL	Builder
KMR Ltd.	DeWind Lock & Safe	241 W. Propsect Rd., Oakland Park, FL	Locks, Safes
KMR Ltd.	Girard Signs & Graphics	4414 NE 5th Terr., Oakland Park, FL	Signs
KMR Ltd.	Hartt's Physical Therapy & Sports Training	251 W. Prospect Rd., Oakland Park, FL	Physical Therapy & Sports Training
KMR Ltd.	Pay More Pawn and Pay Less Jewelry	235 W. Prospect Rd., Oakland Park, FL	Jewelry
EMB 221 LLC	Hopco	221 NE 44th Street, Oakland Park, FL	Food Sales

PART C - REAL PROPERTY

Ownership-land and Building - 235, 241, 243 and 251 NE 44th St., Oakland Park, FL
 Ownership-land and Building - 4414 NE 5th Terrace, Oakland Park, FL
 Partial ownership - Land - Parcel 262.0 Kings Way, Merritt Island FL
 Ownership-land and Building-221 NE 44th Street, Oakland Park FL

PART D - INTANGIBLE PERSONAL PROPERTY

<u>Type of Intangible</u>	<u>Business Entity to which the Property Relates</u>
Capital Stocks	Investment portfolio - METLIFE
Stock Investments	Paladin Broadband
Stock investments	Sohohealth
IRA	METLIFE